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PTO/SB/01 (12-97)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number SY01105K1QKQK

First Named Inventor Mark D. Cochran

COMPLETE IF KNOWN

Application Number 09 / 881,457

Filing Date June 14, 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL AVIAN HERPES VIRUS AND USES THEREOF

the specification of which (Title of the invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 06/14/2001 as United States Application Number or PCT International

Application Number 09/881,457 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/426,352	10/25/1999	
08/804,372	02/21/1997	6,183,753
PCT/US95/10245	08/09/1995	

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☐ OR
☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 24265 OR ☐ Correspondence address below

Name	Pamela G. Salkeld Reg. No. 38,607		
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	
	(908) 298-2135	(908) 298-5388	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: Mark D. Cochran ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Mark D.		Cochran	
Inventor's Signature			Date 8-15-01
Residence: City	State	Country	Citizenship
Carlsbad	CA	USA	USA
Post Office Address 4506 Horizon Drive			
Post Office Address			
City	State	ZIP	Country
Carlsbad	CA	92008	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephanie M.		Cook	
Inventor's Signature <i>Stephanie M Cook</i>		Date <i>8/15/01</i>	
Residence: City	LaMesa	State	CA
Country	USA	Citizenship	USA
Mailing Address 4535 Taft Avenue			
Mailing Address			
City	La Mesa	State	CA
ZIP	91941	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Martha A.		Wild	
Inventor's Signature		Date	
Residence: City	San Diego	State	CA
Country	USA	Citizenship	USA
Mailing Address 2414 San Marcos Avenue			
Mailing Address			
City	San Diego	State	CA
ZIP	92104	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24265 OR ☐ Correspondence address below

Name	Pamela G. Salkeld Reg. No. 38,607				
Address					
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Country		Telephone	(908) 298-2135		Fax (908) 298-5388

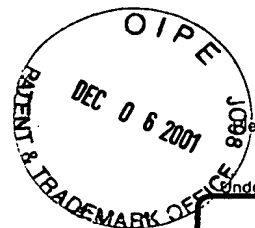
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Inventor's Signature			Date				
Residence: City	Carlsbad	State	CA	Country	USA	Citizenship	USA
Post Office Address	4506 Horizon Drive						
Post Office Address							
City	Carlsbad	State	CA	ZIP	92008	Country	USA

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Given Name (first and middle [if any])		Family Name or Surname	
Stephanie M.		Cook	
Inventor's Signature		Date	
Residence: City LaMesa	State CA	Country USA	Citizenship USA
Mailing Address 4535 Taft Avenue			
Mailing Address			
City La Mesa	State CA	ZIP 91941	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Martha A.		Wild	
Inventor's Signature <i>Martha A. Wild</i>		Date 9/4/01	
Residence: City San Diego	State CA	Country USA	Citizenship USA
Mailing Address 2414 San Marcos Avenue			
Mailing Address			
City San Diego	State CA	ZIP 92104	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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